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Borough of Royal Leamington Spa.

**Report of
School Medical Officer
for 1930.**

LEAMINGTON SPA :
CHRONICLE PRESS, CHAPEL STREET.

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Borough of Royal Leamington Spa.

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MEDICAL INSPECTION STAFF.

SCHOOL NURSES:

Miss MORRIS.

Miss NORMINGTON (Part Time). Resigned 19th Sept., 1930.

Miss RAMSAY (Part Time). Appointed 2nd Dec., 1930.

CLERK:

Miss WEBB.

DENTAL SURGEON:

(Part Time).

LESLIE E. HANSON, L.D.S.

SCHOOL MEDICAL OFFICER:

W. L. GOLDIE, F.R.C.S., D.P.H.

**To the Chairman and Members of the Leamington Spa
Education Committee.**

HAMILTON HOUSE,
March 11th, 1931.

Mr. Chairman, Ladies and Gentlemen,

I beg to report as follows with reference to the School Medical Department for the year 1930.

The number of children examined in the three "Code" Groups was 1,017, being 73 fewer than last year. Of these, 13% were found to require treatment—practically the same figures as in 1929.

The number of children treated at the Warneford Hospital for Defective Vision, Enlarged or Unhealthy Tonsils and Adenoids, and Ringworm, was 106.

In the "Code" Groups 31% (or 2% less than last year) were vaccinated. There was, however, a considerable decrease among Entrants as only 27% had been immunised as against 40% in 1929.

The Dental Clinic has been well attended, and once again there is a gratifying increase in the number treated during the year as a result of periodical examination, and also in the total number of attendances.

In this connection I should like to draw attention to the great help that has been received from the School Teachers, and a large measure of such success as has been attained is due to their cordial co-operation.

In the Schools there is one change to note. During the year new Class-rooms were completed for Senior Scholars at Milverton, and Leicester Street Infants' was closed and the children transferred to the Junior Department of Milverton School.

I have to record one change in the School Nursing Staff. Owing to the resignation of the Health Visitor, Miss Normington, who had divided her time between the Health and Education Departments, was appointed whole-time Health Visitor on 19th September, and on December 2nd Miss Ramsay commenced her duties as part-time School Nurse and part-time Health Visitor.

During the year the premises formerly occupied by the Health Department in Hamilton Terrace were given up, and the house in Avenue Road where the School, Dental and Maternity and Child Welfare Clinics were held was sold.

All these Services were transferred to Hamilton House, which the Corporation had purchased earlier in the year.

Thus all the Medical and Sanitary Services provided by the Corporation are housed under one roof. This undoubtedly tends to greater efficiency in every direction, more particularly in saving much time that was unavoidably lost in going from one set of buildings to another situated in a different part of the town.

In conclusion, I have to thank the Staff of the Warneford Hospital, Dr Cyriax, the Tuberculosis Officer, and all connected with Education in the Borough for their generous assistance.

I am,

Your obedient Servant,

W. L. GOLDIE.

Report of School Medical Officer for 1930.

The total area of the Borough of Royal Leamington Spa is 2,816 acres, divided up as follows:—

Leamington Priors	...	1,594 acres.
New Milverton	... ..	691 „
Lillington	... ..	531 „

There are nine Public Elementary Schools, of which four schools with nine departments are non-provided. Of the provided schools, the Central is for children from 11 to 15 years of age and upwards. The instruction here is more practical and advanced. The number of children on the register on Dec. 18th, 1930, was 3,426, an increase of 34 as compared with 1929.

ATTENDANCES FOR YEAR, 1ST JANUARY—31ST DECEMBER, 1930.

NON-PROVIDED SCHOOLS.

No.	Name of School.	Average on Reg- isters.	Average Attend- ance.	Per- centage
1	Bath Place (C. of E) Mixed ...	340	289	85
2	Lillington (C. of E.) Mixed ...	117	101	86
3	St. Paul's (C. of E.) Mixed ...	367	330	90
4	St. Peter's (R.C.) Boys ...	120	109	91
	„ Girls ...	137	117	85
	„ Infants ...	84	70	83
		1165	1016	87

PROVIDED SCHOOLS.

5	Clapham Terrace, Senior, Mixed...	217	190	88
	„ Junior, Mixed...	365	328	90
6	Campion Central, Boys ...	204	191	94
	„ „ Girls ...	188	167	89
7	Leicester Street, Infants ...	107	93	87
8	Milverton, Mixed ...	302	275	91
	„ Senior ...	291	267	92
	„ Infants ...	168	141	84
	„ Junior ...	264	239	91
9	Shrubland St. Junr., Mixed "A" ...	362	326	90
	„ „ „ „ "J" ...	349	308	88
		*2254	2030	90
		*3419	3046	89

* Leicester Street Infants' School was closed and the Milverton Schools re-organised in the Summer. The totals are based on the Combined Averages.

STAFF.

1. The School Medical Staff consists of an S.M.O. (also M.O.H.), one whole-time and one half-time School Nurse, and one part-time Dental Surgeon, Mr. Leslie E. Hanson, L.D.S., who holds 4 sessions per week. Under an agreement between the Borough Council and the Warneford Hospital, certain cases are, on the recommendation of the S.M.O., treated by Specialists attached to the Hospital Staff as follows:

For Tonsils and Adenoids: F. W. Sydenham, M.D., F.R.C.S.

For Defective Vision: T. Harrison Butler, M.A., M.D., resigned

May 7th, 1930. E. L. Howell Jones, M.R.C.S., L.R.C.P.

For Ringworm: W. Edmund Jones, M.R.C.S., L.R.C.P.

CO-ORDINATION.

(i) **Infant and Child Welfare.**

An Infant and Child Welfare Clinic is held once a week, and children are seen here up to two years of age, and in some cases considerably later.

The children who attend the Clinic (and all others as far as possible) are regularly visited up to the time of School age, at least once a quarter during the third year, and at least twice a year during the 4th and 5th years.

Delicate children and those undergoing any special form of treatment are kept under close supervision, and any suspected cases of Tuberculosis are referred to Dr. Cyriax, the Assistant County Tuberculosis Officer, to whose help I am greatly indebted

Needy cases are provided with Out and In-Patient letters to the Warneford Hospital.

(ii) **Nursery Schools.** There are none in the Borough.

SCHOOL MEDICAL SERVICE IN RELATION TO ELEMENTARY SCHOOLS.

3. There are nine Elementary Schools in the Borough, of which five are Provided and four Non-Provided Schools. The main features of these were set out in the table appended at the end of the report for 1925.

4. **Medical Inspection.**—The age groups inspected have been those laid down by the Board of Education. A few children may have escaped routine inspection owing to illness

or absence from school, but as far as possible these were collected and examined before the end of the year. At no school is there a room specially set apart for medical inspection. This takes place either in the head teacher's room or in one of the smaller class-rooms.

5. Findings of Medical Inspection.—(a) Uncleanliness.—On the whole the standard of cleanliness is very fair.

I am glad to report that there has been a further reduction in the number of cases of contagious Impetigo treated this year, being 48 fewer than in 1929.

As the occurrence of this condition is a very fair index of cleanliness, and as it also results in a loss of much school time it is a matter of some considerable importance.

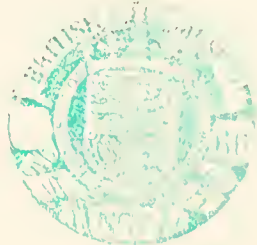
As noted elsewhere in this report, successful results were obtained by the use of Ultra Violet Light in certain chronic cases that did not clear up under ordinary routine treatment.

The total number of examinations made by the School Nurses was 11,085, and the average number of visits paid to Schools was 150. Both figures are considerably higher than last year.

(b) Minor Ailments.—These consisted mainly of cuts, bruises, small abscesses, and various skin diseases. As far as is known there are only 7 cases of Goitre among children of School age. The number of children with Thyroid enlargement seems for some reason or another to have decreased during the last few years.

(c) Tonsils and Adenoids.—Under an Agreement made in 1921, cases of enlarged and unhealthy Tonsils and Adenoids are treated at the Warneford Hospital. The number operated on in 1930 was 70, as compared with 58 in 1929. During the last few years the number of cases submitted to operation from Entrants has decidedly increased. I feel sure that this has proved most beneficial to the children concerned.

That there is a close relationship between unhealthy or enlarged Tonsils and Adenoids and Catarrhal conditions of the upper respiratory tract, and infection of the middle Ear, there is no doubt, but there also seems reason to believe that there is more than coincidence in the association of this condition with Rickets and Rheumatic infection.



The benefit derived from operation, in the large majority of cases, is unmistakable and is borne out by the evidence of the parents who, after seeing the results in one case, show little or no reluctance to submitting a second child for operation if it is considered advisable.

(d) Tuberculosis.—The following cases of tuberculosis were notified during the year:—(1) A boy with Glands in the Neck. (2) A girl with Tuberculosis of the left Knee. (3) A girl with Tuberculous Episcleritis.

(e) Skin Diseases.—The bulk of these were cases of contagious Impetigo. Scabies, as has been noted for some years, is very rare.

(f) External Eye Diseases.—No large number of these were seen. The few cases of blepharitis and conjunctivitis yielded fairly readily to treatment. In the month of November a visit was paid to all schools within the course of a few days, and children noted with any form of squint. Fifty-four cases were found, eighteen of whom wore glasses. The form of squint was as follows:—Lt. Int. Strabismus, 34; Rt. Int. Strabismus, 15; Double Convergent Strabismus, 5; Nebulae of the Corneal were noticed in a few cases, in 5 of which vision was markedly interfered with.

(g) Vision.—During the visit alluded to above in November, the number of children wearing glasses was found to be 120, a percentage of 3 of those on the school register. Excluding infants, 728 children were examined in the schools. Of these, good vision—that is to say, not less than 6/9 in both eyes—was found in 64.7 cases, or 88 per cent., and in 20, or a further 2.7 per cent., there was fair vision, i.e., not less than 6/12 in both eyes. Under the scheme of treatment with the Warneford Hospital, 43 children received treatment. Eleven of these were provided with spectacles free of cost.

(h) Ear Disease and Hearing.—The number of deaf and dumb children of school age is three, all boys. They are all in an institution at Edgbaston. All these children are quite up to the average of intelligence. A few cases of partial deafness due to Chronic Otitis Media were noted, but in two only was hearing markedly affected.

(i) Dental Defects.—The work at the Dental Clinic continues to progress satisfactorily, and, as the Dental Surgeon points out in his report, there is again an increase in the number of cases treated as a result of periodical examination, which seems to show that the children are themselves anxious to take advantage of the facilities provided and realise the importance of the care of their teeth.

(j) Crippling Defects.—It is rare to see cases of Rickets of any severity amongst the school children of this town and the signs found are mainly limited to slight Parietal bossing and slight bony changes in the Chest wall, with occasional enlargement of the Radial Epiphyses.

Cases of Infantile Paralysis number ten: seven in boys and three in girls. Two of these were seen at the Infant Welfare Clinic and one at the School Clinic very shortly after the onset of symptoms. They were immediately sent to the Warneford Hospital and the results of treatment were most successful. Two cases are still wearing some form of surgical boot. In addition there are 3 cases of Birth Paralysis, but the resulting disability is not very excessive.

The number of children known to be suffering from some form of Cardiac disease is 30. In a certain number the disease is quiescent and there is good compensation, and the children are able to lead fairly normal lives. Several have been in the Warneford Hospital or at home under treatment during the year. On the whole the children are well looked after by their parents who bring them down to the Clinic for periodical examination.

6. Infectious Diseases.—Thirty-one cases of scarlet fever were notified, compared with 19 in 1929. The type of disease continues to be very mild.

Diphtheria cases numbered 6, as against one last year.

177 cases of mumps were reported, as against 3 in the previous twelve months.

186 cases of measles and 32 of whooping cough were reported as against 46 and 47 in 1929.

Chicken pox cases numbered 63, an increase of 13 on the previous year.

To none of the schools have any special certificates of closure been given owing to an attendance of under 60%.

The table below shows the condition of children as regards vaccination.

VACCINATION.

	Total Examined.	Not Vaccinated	Vaccination Marks.				Total.	Percentage
			1	2	3	4		
GIRLS	512	355	13	26	25	93	157	30·6
Boys	538	368	7	31	21	111	170	31·6

Of those vaccinated, the figures are:—

	Total.	Vaccinated.	Percentage.
Girls—Entrants up to 6 years	162	40	24
From 6 „ 12 years	211	70	33
„ 12 „ 14 years	123	42	34
Other ages	16	5	31
Boys—Entrants up to 6 years	160	48	30
From 6 „ 12 years	158	70	44
„ 12 „ 14 years	133	47	35
Other ages	17	5	29

PREVIOUS INFECTIOUS DISEASES.

An enquiry into the number of children who had at one time or another suffered from an attack of one of the commoner infectious diseases gave the following figures for those examined in the three age periods this year:—

Measles	661
Whooping Cough	437
Chicken Pox	268
Scarlet Fever	22
Mumps	96
Diphtheria	17
Pneumonia	13

Ultra Violet Light Treatment.

Treatment by Ultra-Violet Rays was continued this year and of the 40 cases treated 25 were in children of school age, 14 of whom were boys and 11 girls.

Roughly classified the cases were as follows:—

- (1) Anæmia and Debility—7 cases. Three of these ceased to attend after a few treatments. In one there was very definite improvement in health. In two, both the mothers and school teachers thought the children were better, appetite and sleep had improved and they were brighter in class. One had only been under treatment for a short time.
- (2) Anæmia and Cardiac Disease—3 cases. One became very ill shortly after treatment was started and spent most of the year in Hospital. One showed definite improvement and in one there was no change.
- (3) Anæmia and Bronchitis—3 cases. One failed to attend. In the other two there was very definite improvement, and in these cases the mothers expressed themselves as very satisfied.
- (4) Anæmia and Old Infantile Paralysis—1 case. The mother said she thought the child was considerably better, but there was not much apparent change.
- (5) Asthma and Bronchitis—1 case. This child did extraordinarily well. The mother voluntarily stated “She had not had such a good year with her for 6 years.”
- (6) Septic Conditions of the Skin—9 cases. These included 5 of very severe broken Chilblains; 2 of contagious Impetigo; 1 of Septic sores in combination with Scabies, and one of a pemphygoid rash on hands and ankles. With the exception of two cases of Chilblains who ceased to attend after 3 exposures, all these cases did remarkably well. They had all been under treatment for some time before resort to Ultra-Violet Light. In the case of Chilblains there was a very immediate relief from pain.
- (7) Alopecia—1 case. It was difficult to ascertain the cause of this condition but certainly after 20 treatments, together with an attack of mumps, the hair started growing again.

Considering the comparatively small number of cases under treatment, it is difficult to form any opinion of value as to the effects of this form of treatment, but I still have the general impression that I had last year that in certain cases marked benefit has been derived. This was particularly

noticeable in the treatment of Chilblains and chronic Septic conditions of the Skin.

There was no doubt that good results were obtained in the case of Bronchitis or Asthma, and the parents of these children definitely stated that they thought that their children had considerably improved.

As was pointed out last year, however, in addition to treatment by Ultra-Violet Light in a number of cases cod liver oil and malt or some form of tonic was given, and also attention paid to possible septic foci such as carious Teeth or Tonsils and Adenoids.

The fact that there is often no immediate result from treatment may have caused some parents to cease from bringing their children for the full course.

7. **Following Up.**—In all cases where a treatment order to the Warneford Hospital has been given, the child is visited on the day following its attendance at the Hospital by the School Nurse, and as soon as possible he or she is brought to the School Clinic for examination by the S.M.O. Practically all cases of scarlet fever, diphtheria and typhoid are removed to Heathcote Hospital and a report on the home conditions set out by a Sanitary Inspector. In the case of non-notifiable diseases, such as chicken-pox, measles, whooping cough, etc., a visit is paid by the School Nurse, who, if no doctor had been called in, gives instructions as to general nursing, the necessity for calling in medical aid should complications arise, the probable date on which return to school may be permitted, and the need or otherwise of keeping contacts away from school for a period. Swabs for bacteriological examination are taken if considered advisable.

In the case of tuberculous children, the task of supervision is in the main handed on to the Health Visitor, who enquires into family conditions and reports on the form of treatment outlined and the general progress of the patient. Cases failing to attend the School Clinic when requested to do so are visited and also referred to the School Attendance Officer for a report.

8. **Medical Treatment.**—(a) Minor Ailments: These are treated at the School Clinic which is open daily at 9 a.m. by the School Nurse. On Tuesday and Saturday mornings the

School Medical Officer attends at 10 a.m. The total number of attendances during the year was 7,150, giving a daily average of 23 cases.

(b) Tonsils and Adenoids. — Operations for enlarged Tonsils and Adenoids are performed at the Warneford Hospital by Mr. Sydenham, the Surgeon to the Nose and Throat Department. During the year 70 cases were treated, with most satisfactory results.

(c) External Eye Diseases.—Minor cases were treated at the School Clinic; more serious ones were sent to the Warneford Hospital.

(d) Vision.—43 cases were sent to Mr. Harrison Butler and Mr. Howell Jones at the Warneford Hospital, for 34 of whom glasses were prescribed and obtained. In 11 cases the cost of spectacles was borne by the Education Authority.

(e) Ear Disease and Hearing.—Comparatively few cases of Ear Disease were seen. A fair number of children with wax in the ears came to the Clinic. A few cases of chronic Otorrhoea were sent to the Warneford Hospital, where they received treatment.

(f) Crippling Defects and Orthopædics.—Up to the present no special provision has been made by the Local Authority for the treatment of Crippling Defects, but working in conjunction with the Warneford Hospital, where there is a well equipped and up-to-date Electrical and Massage Department, adequate provision has been made for treatment.

One child suffering from Infantile Paralysis has been supplied with the necessary surgical boot.

Five cases of Heart Disease have been admitted as in-patients to the Hospital during the year.

(g) **Tuberculosis.** — Of the 14 cases of tuberculosis in children of school age, the site of the disease was as follows:—

Lungs: 3 all boys. In two the disease appears quiescent and they have attended school regularly.

Bones and Joints: 4. One has been in Hospital at Birmingham most of the year and one has been in the Warneford Hospital. The other two show no sign of active disease.

Glands: 5. All these have attended school regularly.

In addition to these there is one case of quiescent abdominal tuberculosis and one of Tuberculous Episcleritis.

All these cases have been regularly visited and reported on by the Health Visitor, as well as the School Nurse.

In addition, 24 children, in whom debility, indefinite pulmonary or abdominal conditions, or bad family history have been noted, have been referred to Dr. Cyriax, the Tuberculosis Officer, to whose ready assistance I am greatly indebted.

(h) **Skin Diseases.**—With the exception of ringworm of the scalp, for which X-ray treatment is provided at the Warneford Hospital, where 5 cases were treated this year, nearly all cases of skin diseases are treated at the School Clinic.

As in previous years, the bulk of the cases were of contagious impetigo, of which there were 141.

There was a slight increase of the number of cases of scabies.

The 16 cases seen during the year were treated by the so-called Danish method, with most excellent results.

(i) **Dental Defects.**—The Dental Surgeon attends the School Clinic on Monday and Thursday mornings and afternoons, and in all held 147 sessions, of which eight were devoted to inspection and the remainder to treatment. Of the work at the Dental Clinic, Mr. Hanson reports as follows:—

During 1930 the School Dental Clinic was removed to Hamilton House where for the last six months the work has been carried on under conditions more congenial for patients and staff; the arrangements for treating the Elementary School children of Leamington must now compare very favourably with those of any town of similar size.

In comparison with 1929 the number of fillings per head increased from 1.2 to 1.38, while the number of extractions per head decreased from 2.4 to 2.03.

Despite the considerable amount of work done annually and figures which indicate an improvement in dental health, it is well to realise that those figures are largely derived from patients who attend the clinic regularly and, as a result, experience a marked improvement in their dental condition.

When once a child has attended the clinic for treatment he seldom fears a subsequent visit, so that it would appear

that one of the problems for solution is how to induce children, who have not as yet received treatment, to attend for the first time. The opinion of most school dental officers, and the one shared by myself, is that the teachers can exercise the greatest influence in this respect and are indeed already entitled to our gratitude for their splendid co-operation in the past.

An inspection of the schools last summer revealed that quite 50 per cent. of the children were urgently in need of treatment, and that the percentage would be higher if one took into account slightly carious fissures which will probably progress until cavities are formed unless quickly taken in hand. The ravages of dental caries, as is usual, were in greatest evidence in the younger age groups, when the number urgently requiring attention was more than 65 per cent. (ages 5—6), but gradually decreased to 25 per cent. at ages (14—15).

The large increase in the number of operations on deciduous teeth is the result of an endeavour to save as many of them as possible by chemical cautery, where the cavities are too large to allow a filling to be inserted without jeopardising the tooth pulp and the decay has not progressed so far that mastication is accompanied by pain. This of course can only be regarded as a temporary measure, but if it enables the eruption of the first permanent molars before the temporary teeth so treated are lost, it is probable that much irregularity of the permanent dentition is avoided.

It is gratifying to record another increase in the number of children treated as a result of periodical inspection, many of whom regard dental treatment as an ordinary event in their lives and evince considerable interest in matters relating to oral hygiene. This subject of oral hygiene is one to which it is impossible to give too great emphasis, for only by instruction in the methods of attaining it and keeping it will it be possible in the distant future to greatly reduce in number the considerable extractions now necessary.

Many parents and guardians who accompany the children for treatment ask for guidance on the question of diet and its relation to dental decay. This is given as clearly as possible, emphasis being laid upon the necessity for fresh, uncooked foodstuffs, rich in vitamins, and the uses and abuses

of sugar. While on the subject of diet it is of interest to mention that a case of chronic inflammation of the gums which failed to yield to the more usual treatment by drugs, rapidly resolved when orange juice was prescribed.

Structurally, the teeth of Leamington children are decidedly good in comparison with the children of most large cities, but since one sees so few of the puny, undernourished type, which are unfortunately all too prevalent in large industrial areas, it can only be assumed that the healthier and more hygienic conditions under which most of the children live, coupled with a diet which is probably richer in bone-forming elements, and an atmosphere unpolluted by smoke and chemicals, have combined to produce this desirable trend.

The policy of making special appointments for the treatment of very nervous children was again adopted, and it was thus generally possible for the more normal children to avoid contact with tearful or apprehensive ones.

9. **Open Air Education.**—There are no open air Schools residential or otherwise in the Borough, but classes are sometimes conducted in the playgrounds during the summer months, more especially in the Infant Schools.

10. **Physical Training.**—Physical training is undertaken by the School teachers in all the Schools, adapted to the age and sex of the children, and in accordance with the Board's Syllabus. The usual method is for each class to spend 12 to 15 minutes on physical exercises daily. There is no area Supervisor.

11. **Provision of Meals.**—No arrangements are in force for the provision of meals for school children.

12. **School Baths.**—There are no school baths, but full advantage is taken of the Corporation Swimming Baths. Tickets for these are purchased at threepence each by the Education Committee and re-sold to the scholars at 1½d. each. In 1930 children from the various Schools purchased 7,360 tickets.

13. **Co-operation of Parents.**—Parents are notified beforehand of the date on which their children are to attend for routine examination, and are requested to be present.

For 1930 the percentage of parents attending for all age groups was 59. For Infants alone it was 76 per cent., but for Leavers it dropped to the low figure of 17 per cent.

Although inspection is rendered slower if parents are present, this is undoubtedly counterbalanced by the fact that any defects found can be pointed out without delay and the proper form of treatment indicated.

14. Co-operation of Teachers.—In spite of the inconvenience entailed by having to give up either the Head Teacher's Room or a Class Room for routine inspection, the teachers have invariably given every assistance in their power.

In notifying cases of non-notifiable infectious diseases, in sending cases of skin diseases to the Clinic for treatment, and in periodically sending children for dental re-inspection, they have rendered most useful service.

15. Co-operation of School Attendance Officer. — The School Attendance Officer's chief work is, as far as the School Medical Service is concerned, in notifying the names of all entrants and leavers at the schools, in tracing children whose attendance at school or at the Clinic is unsatisfactory, and in seeing that children who are under private practitioners are supplied with an adequate certificate for absence. As a general rule, poor attendance at school falls into one of two classes, (a) the child, frequently an only child, who, in the opinion of the mother, "suffers from nerves," (b) the eldest daughter nearing the end of a school career, especially if one of a large family and more especially if a new arrival in the family is expected.

16. Co-operation of Voluntary Bodies.—The National Society for Prevention of Cruelty to Children maintains an inspector in the town, and his aid has been called upon on a few occasions. Boy Scout and Girl Guide organizations are fairly well supported, and a certain number of children obtain a camp holiday.

17. Blind, Deaf, Defective, and Epileptic Children.—

(a) The register for these children has been kept up to date during the year, and they have all been seen at least twice during 1930.

Only five Epileptics are known. In all of these the disease is very mild. Three of these have had no attacks during the year.

Three deaf and dumb children are in an Institution at Edgbaston, and their reports have been uniformly satisfactory.

During this year one child was notified to the Local Authority, under the Mental Deficiency Act 1915.

The principal sources of information as to defective children are: (a) Through the Infant Welfare Clinic; (b) visits to homes by Health Visitor; (c) notifications by medical practitioners to the M.O.H.; (d) visits of inspection by the School Attendance Officer: but in many cases the defect is not reported until the child is seen on its entrance to School life.

(b) There is no special class for mentally defective and backward children. The majority attend the Public Elementary Schools.

I think it may be said that the only really beneficial treatment for the mentally defective child is in an Institution. Hard as the separation may be on the parents, I feel sure it is more than counterbalanced by the advantages to the child.

Unfortunately vacancies in Institutions are few and far between, and the present day cost is prohibitive.

Dull and backward children come in another category. In many cases the condition results from ill health, some physical defect, or irregular attendance at School, and in all probability Special Classes, especially if the number of children is restricted so that more individual attention could be given to each child, would prove advantageous.

18. Nursery Schools.—There are no nursery schools in the Borough, but the National Institute for the Blind, during 1924, have opened a "Sunshine Home" for Blind Children in the Town, with accommodation for 30 babies. Children are taken in up to 5 years of age. There is a Certificated Teacher, and the Home receives a grant from the Board of Education.

19. Secondary Schools.—The Secondary Schools are in connection with the Warwickshire County Council, and medically examined by the County School Staff.

20. Continuation Schools.—Evening classes are run in conjunction with the Warwickshire County Council.

21. Employment of Children and Young Persons.—Under the Employment of Children Act, 1903. and Education Act, 1918, and Bye-laws made thereunder, 56 certificates of fitness have been given, 54 to boys, and 4 to girls.

In 23 instances the work required by these boys was the delivery of newspapers, 27 are employed as errand boys, and 2 as house boys.

There is a Juvenile Employment Committee in connection with the County, and as far as possible employment is found for those leaving school.

TABLE I.
BOARD OF EDUCATION.
RETURN OF MEDICAL INSPECTIONS.

A. Routine Medical Inspections.				
Number of Code Group Inspections :				
Entrants	...	...	...	322
Intermediates...	...	...	...	439
Leavers	...	...	...	256
Total				1017
Number of other Routine Inspections				
	...	...	...	33
B. OTHER INSPECTIONS.				
Number of Special Inspections	...			964
Number of Re-Inspections...	...			1081
Total				2045



TABLE II.

BOARD OF EDUCATION,

Return of Defects found in the course of Medical Inspection 1930.

Defect or Disease.				Routine Inspections.		Special Inspections.	
				Number of Defects.		Number of Defects.	
				Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
1				2	3	4	5
Skin.	Malnutrition ...	...	...	—	4	—	5
	Uncleanliness	...	...	—	—	—	—
	Ringworm—						
	Scalp	...	...	—	—	9	—
	Body	...	...	1	—	8	—
	Scabies	...	...	2	—	14	—
	Impetigo	...	...	7	—	134	—
Eye.	Other Diseases(non-Tubercular)			3	—	9	—
	Blepharitis	...	...	4	—	2	—
	Conjunctivitis	...	...	—	—	6	—
	Keratitis	...	...	—	—	—	—
	Corneal Opacities	...	...	4	—	1	6
	Defective vision						
	(excluding squint)			13	27	36	125
Ear.	Squint	...	...	3	11	2	38
	Other conditions	...	...	3	3	20	5
	Defective Hearing	...	...	—	—	3	2
	Otitis Media	...	...	—	—	7	—
	Other Ear Diseases	...	...	5	—	29	—
Nose and Throat.	Enlarged Tonsils only	...	...	7	175	—	—
	Adenoids only	...	...	1	8	3	—
	Enlarged Tonsils & Adenoids	...	...	78	31	35	58
	Other conditions	...	...	—	2	21	—
	Enlarged Cervical Glands						
	(non-Tubercular)			9	275	8	57
	Defective Speech	...	...	—	4	2	7
	Teeth—Dental Diseases	...	...	498	118	53	—

TABLE II., BOARD OF EDUCATION (continued).

Return of Defects found in the course of Medical Inspection, 1930.

Defect or Disease.					Routine Inspections.		Special Inspections	
					Number of Defects.		Number of Defects,	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
1					2	3	4	5
Heart and Circulation.	{ Heart Disease—							
	{ Organic				—	2	10	23
	{ Functional				5	5	2	4
	{ Anæmia				4	95	6	79
Lungs.	{ Bronchitis				—	11	4	11
	{ Other Non-Tubercular Diseases				—	2	3	3
	{ Pulmonary—							
	{ Definite				—	—	3	—
	{ Suspected				—	1	—	8
Tuber- culosis.	{ Non-Pulmonary—							
	{ Glands				—	1	1	3
	{ Spine				—	—	—	—
	{ Hip				—	—	1	2
	{ Other Bones and Joints ...				—	—	1	—
	{ Skin... ..				—	—	1	—
	{ Other Forms				—	—	—	—
Nervous	{ Epilepsy				—	2	—	3
	{ Chorea				—	1	5	1
	{ Other Conditions				2	2	7	2
Deform- ities.	{ Rickets				—	27	1	56
	{ Spinal Curvature				—	—	—	—
	{ Other Forms				2	4	—	4
	{ Other Defects and Diseases ...				3	14	559	61

TABLE II., BOARD OF EDUCATION (continued).

B. Number of individual children found on Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
1	2	3	4
Code Groups—			
Entrants	322	53	16·7
Intermediates	439	54	12·3
Leavers	256	26	10·1
Total (code groups)	1017	133	13·0
Other Routine Inspections ...	33	3	9·0

TABLE III.
BOARD OF EDUCATION.
Return of all Exceptional Children in the Area.

			BOYS.	GIRLS.	TOTAL
BLIND. (Including partially blind).	(1) Suitable for training in a School or Class for the totally Blind.	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools... ..	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	1	—	1
	(2) Suitable for training in a School or Class for the partially Blind.	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools... ..	1	2	3
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
DEAF. (Including deaf and dumb and partially deaf).	(1) Suitable for training in a School or Class for the deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	3	—	3
		Attending Public Elementary Schools... ..	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
	(2) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	—	2	2
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
MENTALLY DEFECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children...	—	—	—
		Attending Public Elementary Schools... ..	26	14	40
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
	Notified to the Local Control Authority.	Feeble-minded	1	—	1
		Imbeciles	—	—	—
		Idiots	—	—	—

TABLE III., BOARD OF EDUCATION (continued).

			Boys.	Girls.	TOTAL.
EPILEPTICS.	Suffering from Severe Epilepsy.	Attending Certified Special Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At no School or Institution ...	—	—	—
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools ...	2	3	5
		At no School or Institution ...	—	—	—
PHYSICALLY DEFECTIVE.	Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Non-infectious but active Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board...	—	—	—
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools ...	7	1	8
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Delicate children (e.g., re- or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.).	At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools ...	30	38	68
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Active Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Public Elementary Schools ...	2	2	4
		At other Institutions ...	—	2	2
		At no School or Institution ...	—	—	—
	Crippled Children (other than those with active Tuberculosis disease) e.g., children suffering from Paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools ...	19	15	34
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—

TABLE IV.

BOARD OF EDUCATION.

Return of Defects treated during the Year ended December 31st.

GROUP 1. Minor Ailments (excluding Uncleanliness).

Disease or Defect. 1	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. 2	Otherwise. 3	TOTAL. 4
Skin—			
Ringworm, Scalp	5	4	9
Ringworm, Body	9	—	9
Scabies	16	—	16
Impetigo	141	—	141
Other Skin Diseases ..	12	—	12
Minor Eye Defects—			
(External and other, but ex- cluding cases falling in Group II.)	23	—	23
Minor Ear Defects—	34	—	34
Miscellaneous—			
(e.g., minor injuries, bruises, sores, chilblains, etc.) ...	562	16	578
Total	802	20	822

TABLE IV., BOARD OF EDUCATION (continued).

GROUP II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	TOTAL.
1	2	3	4	5
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in the body of the Report) ...	34	—	—	34
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	9	—	—	9
TOTAL ...	43	—	—	43

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme ... 34
 (b) Otherwise —

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme ... 34
 (b) Otherwise —

GROUP III. Treatment of Defects of Nose and Throat.

Number of Defects.				Total number treated.
Received Operative Treatment.			Received other forms of treatment.	
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	TOTAL.		
1	2	3	4	5
67	3	70	—	70

TABLE IV., BOARD OF EDUCATION (continued).

GROUP IV. Dental Defects

(1) Number of children who were :—

(a) Inspected by the Dentist.

Aged	5	6	7	8	9	10	11	12	13	14	Total
	93	103	111	107	95	64	43	33	42	12	703
							Specials	...	...	...	1008
							Grand Total...	...	...	...	1711

(b) Found to require treatment ... 1354

(c) Actually treated ... 703

(2) Half days devoted to { Inspection ... 8
Treatment ... 139 Total... ... 147

(3) Attendances made by children for treatment 2885

(4) Fillings { Permanent Teeth ... 715
Temporary Teeth ... 231 Total... ... 946(5) Extractions { Permanent Teeth ... 153
Temporary Teeth ... 1237 Total... ... 1390

(6) Administrations of General Anæsthetics for Extractions ... Nil.

(7) Other Operations { Permanent Teeth 943
Temporary Teeth 50 Total... ... 993

Group V. Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during the year
by the School Nurses 150(2) Total number of examinations of children in the Schools by
School Nurses 11085

(3) Number of individual children found unclean ... 240

(4) Number of children cleansed under arrangements made by
the Local Education Authority Nil.

(5) Number of cases in which Legal proceedings were taken :

(a) Under the Education Act, 1921 Nil.

(b) Under School Attendance Bye-Laws Nil.



